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JOHN PIENKOS

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APR 0 7 2011

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7590

01/10/2011

JOHN T. PIENKOS 10019 N. Miller Ct. Mequon, WI 53092

Authorized Signature

Typed or printed name

JOHN

T. PIENKOS

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JOHN	T. PIENKOS	(Depositor's name)
Q = 5	مما	(Signature)
April	7. 2011	(Date)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,540	02/20/2004	John T. Pienkos		7442

TITLE OF INVENTION: STUFFED DOUGH POCKET WITH GRASPING EXTENSION

04/08/2011 EHAILU1 90000055 19783540

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address of Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered attorn 2 registered attorn PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered attorn 2 registered attorn PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered attorn 2 registered attorn PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered attorn 2 registered attorn 2 registered attorn 2 registered attorn PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for file (A) NAME OF ASSIGNEE The Novaport LLC Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are submitted: I saue Fee A check is enclared. Payment by creen.	01 FC:2501 . 755.00 OP		
BECKER, DREW E 1782 426-090000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for file (A) NAME OF ASSIGNEE Throvaport Please check the appropriate assignee category or categories (will not be printed on the patent) 4a. The following fee(s) are submitted: Please Fee A check is enclared. Payment by creen.	E DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE . DATE DUE		
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